PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 29, 1999

									٤.	· • •	\ · '	07	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR			UMBE	R FILED	-	NUMBER	EXTRA	П	RATE	FEE] [RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			3i	minus 2	20=	· 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS 7 minus 3 = 1 4							X39=		OR	X78=	312		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	 	OR	TOTAL	1/82	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	6,46 (*** <u>. 3,74</u>	CLAIN REMAIN AFTE AMENDN	IING R		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	ŀ <i>a</i> (0	Minus		30	=		X\$ 9=		OR	X\$18∈	
BE	Independent	. 7		Minus	***	7	=	IJ	X39=	$\overline{}$	OR	X78=	
[FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		\vdash	lo _R		
BEST AVAILABLE C									+130=		OR	_+260=	
					. ,	(A) (IE)	IULL C	V	ADDIT. FEE		OR	TOTAL ADDIT: FEE	
L		(Colum				Column 2)	(Column 3)	٠.					
AMENDMENT B	В	CLAIN REMAIN AFTE AMENDN	IING R	er egic er	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE
	Total	. 26	,	Minus		30	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION	OE MI	Minus		· 7	= 3		X39=		OR	X78=	asz
r	TINOTTRIEGE	HIAHOH	OI WIC	JETH EE DE		DEITH GENIN		'	+130=		OR	+260=	
									TOTAL ADDIT: FEE		OR	TOTAL ADDIT, FEE	
L		(Colum	n 1)		(0	Column 2)	(Column 3)						
AMENDMENT C	187.4	CLAIN REMAIN AFTE AMENDN	IING R		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total			Minus			=		X\$ 9=		OR	X\$18=	
ME	Independent	·		Minus	•••		=		X39=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OH		

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the Highest Number Previously Paid For in THIS SPACE is less than 20, enter "20."

ADDIT. FEEL OF ADDIT. FE